Revision: HCFA-PM-91-4 (BPO)

AUGUST 1991

ATTACHMENT 2.2-A

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OMB No.: 0938-

State: Missouri

Agency Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 /X/ 12. Individuals who are in institutions for at least 30 consecutive days and who are 1902(a)(10) (A)(ii)(V)eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in of the Act Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. /X/ The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged Slind (ii) and 1905(a) Disabled of the Act Individuals under the age of--\_ 20 <u>x</u> 19 Caretaker relatives Pregnant women

ти но. <u>MS-95-35</u> Supersedes TN No. MS-92-30

Approval Date

SEP 2 9 1995

Effective Date 10/01/95

Revision:

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OMB NO.: 0938-

State: \_\_Missouri

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act 13. Certain disabled children age 18 or

under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act

14.

 $\sqrt{X}$ 

- The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- Women during pregnancy (and during the 60-day period beginning on the last day of а. pregnancy); and
- b. Infants under one year of age.

TN No. MS-93-39 Supersedes TN No. MS-91-44

Approval Date FEB 1 4 1004

Effective Date \_\_01/01/94

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OMB NO.: 0938-

State: Missouri

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) / X/ (10)(A) (i)(VII) and 1902(1)(1) (D) of the Act 15. The following individuals who are mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <a href="Supplement 1 of ATTACHMENT 2.6-A">Supplement 1 of ATTACHMENT 2.6-A</a> for a family of the same size.

FEB 0 6 1992

Children who are born after September 30, 1983 and who have attained 6 years of age or older.

TN No. MS-91-44
Supersedes Approval Date \_\_\_
TN No. NA

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OMB NO.: 0938-

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Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) (ii)(X)and 1902(m) (1) and (3)of the Act

Individuals --

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. MS-91-44 FEB 0 6 1892 Approval Date \_ Supersedes TN No. NA

Effective Date 11/01/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

X 17.

	State:	Missouri				
	COVE	RAGE AND	CONDITIONS	OF	ELIGIBILITY	
Citation(s)	Groups Covered					

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

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TN No. MS-93-39
Supersedes Approval Date TEB 1 4 1994 Effective Date 01/01/94
TN No. MS-91-44

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evision:	HCFA-PM-91 1991 State: _	- (BPD)  ATTACHMENT 2.2-A Page 24 OMB NO.: 0938-
gency*	Citation(s)	Groups Covered
• •	c.	Optional Coverage of the Medically Needy
42 CF	R 435.301	This plan includes the medically needy. $\sqrt{X/}$ No.
		Yes. This plan covers:
		<ol> <li>Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.</li> </ol>
1902 (¢ Act	e) of the	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

N No. 92-06

Supersedes

Approval Date

N No. 91-44

Effective Date January 1, 1992

Effective Date January 1, 1992

1902(a)(10) (C)(ii)(I) - of the Act  Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

HCFA-PM-91-4 Revision: (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 25 OMB NO.: 0938-State: Missouri Agency\* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) 1902(e)(4) of 4. Newborn children born on or after the Act October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.  $5.\overline{//}$  a. Financially eligible individuals who are not 42 CFR 435.308 described in section C.3. above and who are under the age of--21 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: (1)Individuals for whom public agencies are assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age (b) In private institutions (and are under the age of \_\_\_\_

TN No. MS-91-44
Supersedes
TN No. NA

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Effective Date 11/01/91

HCFA ID: 7983E

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Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 25a OMB NO.: 0938-State: Missouri Agency\* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_). (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_). (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan. (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_). (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ). Inpatient psychiatric services for individuals under age 21 are provided under this plan. (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. TN No. MS-91-44 FEB 6 3 1000 Effective Date 11/01/91 Supersedes Approval Date TN No. NA

HCFA ID:

7983E

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.Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 26 OMB NO.: 0938-State: Missouri Agency\* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) 42 CFR 435.310 6. Caretaker relatives. 42 CFR 435.320 7. Aged individuals. and 435.330 42 CFR 435.322 /\_/ 8. Blind individuals. and 435.330 42 CFR 435.324 9. Disabled individuals. and 435.330 42 CFR 435.326 /\_/ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and

the same rules apply to medically needy individuals.

11. Blind and disabled individuals who:

 Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

b. Were eligible as medically needy in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. MS-91-44
Supersedes Approval Date FEB 0 0 1992
TN No. NA
HCFA ID: 7983E

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Revision: HCFA-PM-91-8 (BPD) ATTACHMENT 2.2-A October 1991 Page 26a OMB NO.: 0938-State: Missouri Groups Covered Citation(s) c. Optional Coverage of Medically Needy (Continued) 1906 of the 12. Individuals required to enroll in cost effective employer-based group Act health plans remain eligible for a minimum

enrollment period of \_\_\_\_\_ months.

State Plan TN# 91-57
Supersedes TN# N/A

Effective Date October 1, 1991
Approval Date